

# Multifamily Housing Application

2003

**Pennsylvania Housing**

**Finance Agency**

2101 North Front Street

P.O. Box 8029

Harrisburg, PA 17110

(717) 780-3882

TTY (717) 780-1869

**MULTIFAMILY HOUSING APPLICATION**

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## MULTIFAMILY HOUSING APPLICATION

Date of Application \_\_\_\_\_

### A. DEVELOPMENT NAME AND ADDRESS:

Development

Name \_\_\_\_\_

Site Address(es) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more than one building, list each separate property address. Use separate sheet, if necessary)

City \_\_\_\_\_ Zip \_\_\_\_\_

Twp. \_\_\_\_\_ County \_\_\_\_\_ Region No. \_\_\_\_\_

Census Tract No. \_\_\_\_\_ Census Block No. \_\_\_\_\_

House District \_\_\_\_\_ Senate District \_\_\_\_\_ Congressional District \_\_\_\_\_

Funding Area: (See Multifamily Housing Program Guidelines)

\_\_\_\_\_ Participating Jurisdiction \_\_\_\_\_ Nonparticipating Jurisdiction

### B. FUNDING REQUEST: (Check all that apply)

#### \_\_\_\_\_ Agency Financing

\_\_\_\_\_ PennHOMES Financing

\_\_\_\_\_ Taxable Bond Loan

\_\_\_\_\_ Construction Financing Only

\_\_\_\_\_ Tax Exempt Bond Loan

\_\_\_\_\_ Construction and Permanent Financing

\_\_\_\_\_ Agency Mortgage Insurance

\_\_\_\_\_ Permanent Financing Only

\_\_\_\_\_ Other (explain)

#### \_\_\_\_\_ Low Income Housing Tax Credits

\_\_\_\_\_ Nonprofit Set Aside

\_\_\_\_\_ Preservation Set Aside

\_\_\_\_\_ Regional Set Aside

**C. APPLICANT INFORMATION**

**Applicant/Developer:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB \_\_\_ Nonprofit \_\_\_ CHDO

**Co-Applicant:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB \_\_\_ Nonprofit \_\_\_ CHDO

**Have you, or any principals in your organization, ever had a financial interest in real estate that:**

1. Was foreclosed upon? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Was assigned to the lender (or Nominee) or to FHA? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "yes", as the subject of a forbearance, restructuring or other  
deferral arrangement with FHA or any mortgagee in lieu of  
foreclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Filed for bankruptcy protection? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Materially defaulted in an obligation in any state to an agency or  
FHA? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Are you or any of the applicants or general partners currently under  
investigation by any local, state or federal agency? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are you or any of the applicants or general partners currently  
debarred or suspended by HUD? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to any of the above is "yes", please explain on a separate sheet.

**D. DEVELOPMENT TEAM** (complete all that apply)

**Ownership Entity:**

(IF CURRENTLY EXISTS)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

( )

(PHONE NUMBER)

( )

(FAX NUMBER)

(TAX IDENTIFICATION NUMBER, IF AVAILABLE)

(E-MAIL ADDRESS)

WBE  
 MBE  
 DBE  
 Section 3  
 SERB  
 Nonprofit

General Partnership  
 Limited Partnership  
 Corporation  
 Individual  
 CHDO  
 Other: \_\_\_\_\_

Entity Currently Exists  
 Entity to be formed  
 Estimated Filing Date \_\_\_\_\_

List all General Partners of Ownership Entity. (Attach additional sheet, if necessary)

**Managing General Partner:**

(FIRM)

(CONTACT PERSON)

%

(PERCENT OF OWNERSHIP)

(TAX IDENTIFICATION NUMBER, IF AVAILABLE)

( )

(PHONE NUMBER)

( )

(FAX NUMBER)

(E-MAIL ADDRESS)

WBE    MBE    DBE    Section 3    SERB    Nonprofit    CHDO

**General Partner:**

(FIRM)

(CONTACT PERSON)

%

(PERCENT OF OWNERSHIP)

(TAX IDENTIFICATION NUMBER, IF AVAILABLE)

( )

(PHONE NUMBER)

( )

(FAX NUMBER)

(E-MAIL ADDRESS)

WBE    MBE    DBE    Section 3    SERB    Nonprofit    CHDO

**General Partner:**

(FIRM)

(CONTACT PERSON)

%

(PERCENT OF OWNERSHIP)

(TAX IDENTIFICATION NUMBER, IF AVAILABLE)

( )

(PHONE NUMBER)

( )

(FAX NUMBER)

(E-MAIL ADDRESS)

WBE    MBE    DBE    Section 3    SERB    Nonprofit    CHDO

**Design Architect:**

\_\_\_\_\_ (FIRM)  
\_\_\_\_\_  
(CONTACT PERSON)  
\_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY, STATE, AND ZIP)  
( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)  
\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB  
Contract Awarded at date of application \_\_\_ Yes \_\_\_ No  
Are you required to bid? \_\_\_ Yes \_\_\_ No

**Construction Contract  
Administration Architect:**

\_\_\_\_\_ (FIRM)  
\_\_\_\_\_  
(CONTACT PERSON)  
\_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY, STATE, AND ZIP)  
( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)  
\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB  
Contract Awarded at date of application \_\_\_ Yes \_\_\_ No  
Are you required to bid? \_\_\_ Yes \_\_\_ No

**Contractor:**

\_\_\_\_\_ (FIRM)  
\_\_\_\_\_  
(CONTACT PERSON)  
\_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY, STATE, AND ZIP)  
( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)  
\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB  
Contract Awarded at date of application \_\_\_ Yes \_\_\_ No  
Are you required to bid? \_\_\_ Yes \_\_\_ No

**Management Agent:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB \_\_\_ Nonprofit \_\_\_ CHDO

Contract Awarded at date of application \_\_\_ Yes \_\_\_ No

Are you required to bid? \_\_\_ Yes \_\_\_ No

**Attorney:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB

Contract Awarded at date of application \_\_\_ Yes \_\_\_ No

Are you required to bid? \_\_\_ Yes \_\_\_ No

**Consultant:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB

Contract Awarded at date of application \_\_\_ Yes \_\_\_ No

Are you required to bid? \_\_\_ Yes \_\_\_ No

**Supportive Services Provider:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER) (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_ WBE \_\_\_ MBE \_\_\_ DBE \_\_\_ Section 3 \_\_\_ SERB \_\_\_ Nonprofit \_\_\_ CHDO

Contract Awarded at date of application \_\_\_ Yes \_\_\_ No

Are you required to bid? \_\_\_ Yes \_\_\_ No

**BOND FINANCING TEAM** (complete all that apply)

**Bond Issuer:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER)

**Bond Counsel:** \_\_\_\_\_  
(FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER)

**Underwriters/  
Placement Agents:** \_\_\_\_\_  
(If currently exists) (FIRM)

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( )  
(PHONE NUMBER) (FAX NUMBER)



**Underwriter's Counsel**

(If currently exists)

\_\_\_\_\_ (FIRM)

\_\_\_\_\_ (CONTACT PERSON)

\_\_\_\_\_ (STREET)

\_\_\_\_\_ (CITY, STATE, AND ZIP)

( ) \_\_\_\_\_

(PHONE NUMBER)

( ) \_\_\_\_\_

(FAX NUMBER)

**Financial Advisors**

(If currently exists)

\_\_\_\_\_ (FIRM)

\_\_\_\_\_ (CONTACT PERSON)

\_\_\_\_\_ (STREET)

\_\_\_\_\_ (CITY, STATE, AND ZIP)

( ) \_\_\_\_\_

(PHONE NUMBER)

( ) \_\_\_\_\_

(FAX NUMBER)

**E. DEVELOPMENT DESCRIPTION**

**General Information Items 1 Through 5.**

**1. Type of Proposed Rental Development**

- Multifamily
- Single Room Occupancy
- Other \_\_\_\_\_

**2. Physical Characteristics of the Development**

a. Construction Type

- New Construction
- Rehabilitation
  - Moderate  Historic
  - Substantial  Conversion
- Preservation of Existing Federally Assisted/Subsidized Housing
  - Expiring Subsidies or  Substantial Capital Needs
  - Original Funding
    - HUD 202  HUD 221(d)(3)  HUD 232  HUD 236
    - Rural Housing Services 515  Other \_\_\_\_\_

b. Building Type

- Townhouse
- Walkup Apartments
- Low-Rise (2 or 3 stories with one or more elevators)
- Mid-Rise (4 to 6 stories with one or more elevators)
- High-Rise (7 or more stories with one or more elevators)
- Other \_\_\_\_\_

- c. Is it a Scattered Site development?  Yes  No  
 If Yes, are the buildings contiguous?  Yes  No  
 If not contiguous, and applying for low income housing tax credits, are all of the units in **each** of the buildings to be rent restricted and restricted to occupancy by qualified low income tenants in accordance with Section 42 of the Code?  Yes  No
- d. Was structure built before January 1, 1978?  Yes  No  
 If yes, has structure been rehabilitated after January 1, 1978?  Yes  No  
 Is the structure certified Lead Free?  Yes  No

**3. Occupancy Type (Check a maximum of two blocks)**

- General  Homeless
- Elderly, age 55 and older <sup>1</sup>  Elderly, age 62 and older <sup>1</sup>
- Mentally Disabled  Seasonal Farm Worker
- Physically Disabled  Other \_\_\_\_\_

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<sup>1</sup> "Housing for older persons" as defined by the Fair Housing Act (42 U.S.C. Section 3601-3619)

- 4. Occupancy Status**                                   Occupied                   Vacant
- a. If occupied, indicate the number of residential units and/or businesses occupied.                   Residential                   Commercial
- Will the proposed site activity result in temporary or permanent displacement or relocation?                   Yes                   No
- b. If vacant, has been occupied within the last 12 months?                   Yes                   No
- If Yes, has a decline in occupancy occurred?                   Yes                   No
- If Yes, indicate the reason(s) for the decline.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**5. Current Rentals** (Only if building is currently occupied.)

			A	B	=A+B	C		=A+B+C	
No. of B/R	No. of Units	Average Square Feet	Tenant Paid Rent	Utility Allowance	Total Tenant Expense	*Rental Assistance Payment and Source		Total Housing Expense	**Targeted Income Level
SRO									
EFF									
1 BR									
2 BR									
3 BR									
4 BR									
5 BR									

Total \_\_\_\_\_

- \* If applicable, provide the amount and the source of subsidy
- S8FMR - Section 8 Fair Market Rent
  - HV - Housing Vouchers
  - HP - Hope VI
  - PBS8 – Project Based Section 8 Certificate
  - H-Federal HOME Program
  - SA - State Assistance
  - RHS - 515 Rental Assistance
  - O - Other (Explain)
- \*\* State the percentage of median income to which the rents are targeted.(i.e., 40%, 50%, 60% or MR - Market Rate)

**PennHOMES Nonparticipating Jurisdiction Applicants Complete Item 6.**

**6. Acquisition/Relocation**

- a. Have the parties entered into a contract or agreement for sale.  Yes  No  
Reference the PennHOMES Program Guidelines and Acquisition Notice sample formats found in the Exhibits of the Multifamily Housing Application Instructions for requirements and procedures.
- b. Is the site in an urban renewal, model cities, or neighborhood strategy area? (Contact local municipality for further information.)  Yes  No
- c. Eminent Domain
  - 1) Does the buyer have the power of eminent domain?  Yes  No
  - 2) Will the buyer execute the power of eminent domain?  Yes  No
  - 3) Is the property part of a plan or designated property area where substantially all property within the area is to be purchased within a specific time frame? (Contact your local municipality for further information.)  Yes  No
  - 4) Is the buyer undertaking the purchase on behalf of an entity with the power of eminent domain?  Yes  No

**Tax Credit Applicants Complete Items 7 through 15.**

**7. Has the development been issued a reservation or allocation of Tax Credits in a previous year?**  
 Yes  No If yes, what is the Tax Credit development number? TC \_\_\_\_\_

**8. General Public Units**

- a. Are all rental residential units available to the general public?  Yes  No
- b. Buildings having four or less units: Are any of the units to be occupied by the owner or a person related to the owner?  Yes  No  
If yes, is the building part of a development plan of action sponsored by a state or local government or a qualified nonprofit organization?  Yes  No

**9. Type of Tax Credit Requested**

- a. New Construction  
 with federal subsidies  without federal subsidies
- b. Rehabilitation  
 with federal subsidies  without federal subsidies
- c. Rehabilitation and Acquisition
  - 1)  Units occupied or suitable for occupancy on acquisition date  
 Units occupied or suitable for occupancy upon completion of the rehabilitation
  - 2)  with federal subsidies  without federal subsidies

**10. High Cost Area**

a. Are any of the buildings in the development located in a High Cost Area as described in Section 42 of the Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Census tract number \_\_\_\_\_  
or  
Difficult Development Area \_\_\_\_\_

If multiple census tracts, list census tract for each building on a separate sheet.

**11. Timing For Reservation and Allocation**

a. Anticipated Placed-In-Service Date \_\_\_\_\_  
or  
New Construction or Rehabilitation Credit \_\_\_\_\_ Acquisition Credit \_\_\_\_\_

b. Actual Placed-In-Service Date \_\_\_\_\_

If multiple buildings, you must provide above information for each building.

**12. Gross Rent Floor Election**

\_\_\_\_\_ If this line is checked, owner has determined that the gross rent floor as set forth in Section 42 (g)(2)(B) will take effect on the date the building is placed-in-service.

or

\_\_\_\_\_ If this line is checked, the gross rent floor as set forth in Section 42(g)(2)(B) will take effect on the date the Agency and owner execute the Carryover Allocation Agreement.

**13. Election of Minimum Set-aside Requirement**

The owner must irrevocably elect, with regard to the low income units, one of the Minimum Set-Aside Requirements described below. (Check one):

\_\_\_\_\_ At least 20% of the residential rental units (or of the total square footage of the residential space) in this development are rent-restricted and to be occupied by individuals whose income is 50% or less of area median gross income.

or

\_\_\_\_\_ At least 40% of the residential rental units (or of the total square footage of the residential space) in this development are rent-restricted and to be occupied by individuals whose income is 60% or less of area median gross income.

**PLEASE NOTE:** By electing 20% at 50% of area median gross income, you have elected that **ALL** low income units will be occupied by tenants whose income will not exceed 50% of area median gross income.

**14. The following information must be provided for each building in the development for which you are applying for acquisition Tax Credits. Use a separate sheet for multiple buildings.**

a. Building Address(es)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Current owner \_\_\_\_\_

c. Type of site control \_\_\_\_\_

d. Date of the most recent sale or transfer of the building \_\_\_\_\_

e. Was rehabilitation work greater than 25% of the building's adjusted basis performed by the previous owner? \_\_\_\_\_ Yes \_\_\_\_\_ No

f. Was the building occupied at any time during the last ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No

g. Was the building occupied or suitable for occupancy at the time of purchase? \_\_\_\_\_ Yes \_\_\_\_\_ No

h. If single family residence, was the building used by the previous owners as their principal residence for the past ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No

**15. Chief Executive Officer of Local Jurisdiction**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**F. SITE INFORMATION**

**1. What are the immediately adjacent land uses?**

North \_\_\_\_\_  
 South \_\_\_\_\_  
 East \_\_\_\_\_  
 West \_\_\_\_\_

**2. Do any environmental hazards exist in or on the property or in the vicinity of the property?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check below as applicable and provide a brief explanation.

\_\_\_\_\_ Hazardous Wastes \_\_\_\_\_ Asbestos Containing Materials  
 \_\_\_\_\_ Toxic Substances \_\_\_\_\_ Lead-Based Paint  
 \_\_\_\_\_ Flammable gas or liquid storage tanks \_\_\_\_\_ Former Industrial Use  
 \_\_\_\_\_ Located in an airport runway clear zone (within 5 miles of a private, public or military airport) \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If an environmental audit and/or federal Environmental Review Record was/were completed to date, send a copy with this application.

**3. Unusual Site Features**

\_\_\_\_\_ fill \_\_\_\_\_ mining \_\_\_\_\_ high tension wires  
 \_\_\_\_\_ rock formations \_\_\_\_\_ unstable soil \_\_\_\_\_ railroad tracks (within 100 yds.)  
 \_\_\_\_\_ drainage ways \_\_\_\_\_ sink holes \_\_\_\_\_ excessive grade ( )%  
 \_\_\_\_\_ high water table \_\_\_\_\_ on-site stream \_\_\_\_\_ other \_\_\_\_\_

**4. Flood Hazard Determination:**

- a. The proposed site is located in the 100 year flood plain. \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. The proposed site has been inundated during a flood or high water, either wholly or partially in the last 50 years. \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. The proposed site is subject to water run-off from adjoining properties. \_\_\_\_\_ Yes \_\_\_\_\_ No

**5. Zoning**

- a. Present zoning classification \_\_\_\_\_
- b. Is the site properly zoned for the multifamily development? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, is the site currently in the process of rezoning? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is a zoning variance or exception required? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 When is the zoning issue to be resolved? \_\_\_\_\_ month \_\_\_\_\_ year

**6. Subdivision/Land-Use Approval:**

Is subdivision necessary for the development? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when is subdivision to be completed? \_\_\_\_\_ month \_\_\_\_\_ year

**7. Target Areas:** (Attach any necessary supporting documentation thereto.)

Is the site located in:

- a. A Distressed Area \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. An Empowerment Zone \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. An Enterprise Community \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. A Heritage Park \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Keystone Opportunity Zone \_\_\_\_\_ Yes \_\_\_\_\_ No

**8. Historical Significance:**

- a. Is the site located within an area that may have historical or archeological value? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Are there any buildings to be rehabilitated or demolished that are 50 or more years old? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes to question a. or b., provide evidence that the State Historic Preservation Office (SHPO) has been consulted regarding approval of the proposed work.

- c. Is the demolition of any building(s) planned? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe.

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- d. Do the buildings qualify for the historic tax credit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list all building addresses that qualify. \_\_\_\_\_

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**G. DEVELOPMENT SPECIFICATIONS**

**1. Unit Configuration & Rental Income Projections**

			A	B	=A+B	C	=A+B+C	
No. of B/R	No. of Units	Average Square Feet (1)	Tenant Paid Rent	Utility Allowance (2)	Total Tenant Expense	Rental Assistance Payment and Source (3)	Total Housing Expense (4)	Targeted Income Level (5)
SRO								
EFF								
1 BR								
2 BR								
3 BR								
4 BR								
5 BR								

Total \_\_\_\_\_

- (1) If applying for Agency financing, see the Submission Guide for Architects for acceptable unit sizes.
- (2) See the Multifamily Housing Application Instructions for appropriate utility allowance.
- (3) If applicable, provide the amount and the source of subsidy
  - S8FMR - Section 8 Fair Market Rent
  - HV - Housing Vouchers
  - HP - Hope VI
  - PBS8 – Project Based Section 8 Certificate
  - H-Federal HOME Program
  - SA - State Assistance
  - RHS - 515 Rental Assistance
  - O - Other (Explain)
- (4) If applying for Agency financing, this amount must not exceed the total housing expense found in the Income/Rent Limits in the Appendix of the Multifamily Housing Program Guidelines.
- (5) State the percentage of median income to which the units are targeted (i.e., 40%, 50%, 60% or MR - Market Rate).

- 2. **Number of buildings** \_\_\_\_\_
- 3. **Number of stories** \_\_\_\_\_
- 4. **Number of elevators** \_\_\_\_\_
- 5. **Total number low income units** \_\_\_\_\_  
(including Manager’s Unit)
- 6. **Total number of market rate units** \_\_\_\_\_
- 7. **Manager’s unit** \_\_\_\_\_
- 8. **Number of wheelchair accessible units** \_\_\_\_\_
- 9. **Number of hearing/vision impaired units** \_\_\_\_\_

**10. Utilities available at the site**

	<u>Provider</u>	<u>Tap-in Distance</u>
Water	_____	_____
Sewer	_____	_____
Gas	_____	_____
Electric	_____	_____

**11. Tenant Paid Utilities**

Complete in detail the source of the following utility services and whether the utility service expense will be paid by the development or the tenant. The information provided for tenant paid utilities must agree with the utility allowance information submitted under Tab #35.

Utility	Type of Service (gas, elec., etc.)	To Be Paid By Owner/Tenant	Allowance per Unit Size					
			0	1	2	3	4	5
Heat								
Hot Water								
Cooking								
Lights in Unit								
Lights in Public space								
Air Conditioning								
Water								
Sewer								
Total								

**12. Building Description**

	Existing	Proposed
Structural System	_____	_____
Exterior Finish	_____	_____
Type of Heating System	_____	_____
Type of A/C System	_____	_____
Number of Elevators	_____	_____

**13. Equipment to be provided in each unit\***

	Yes	No		Yes	No
Range			Laundry Facilities		
Refrigerator			• Common Area		
Kitchen Exhaust Fan			• In Each Unit		
Bathroom Exhaust Fan			• Hookups		
Disposal			Other (describe)		
Drapes/Blinds					
Dishwasher					
Carpet					
Emergency Notification System					
Digital Accessibility					

\* PennHOMES Applicants should refer to the Submission Guide for Architects for requirements.

**14. List common area facilities and amenities planned for the development. Continue on a separate attachment if necessary.**

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**15. Development size per square footage - include all buildings**

Gross building area (include basements only if improved ) \_\_\_\_\_

Gross commercial and all commercial related areas \_\_\_\_\_

Gross residential and residential related areas  
(Including community space solely used by residents) \_\_\_\_\_

Gross low income residential areas  
(Including community space solely used by residents) \_\_\_\_\_

Net community space areas  
(include community room, common laundry or any  
space tenants can gather. Hallways or stairwells may not be  
included) \_\_\_\_\_

**16. Total land area** \_\_\_\_\_

**17. Parking**

Number of garage spaces \_\_\_\_\_

Number of carport spaces \_\_\_\_\_

Number of open lot spaces \_\_\_\_\_

Total number of on-site spaces \_\_\_\_\_

Total number of off-site spaces \_\_\_\_\_

**Total number of spaces** \_\_\_\_\_

**H. DEVELOPMENT BUDGET**

	1	2	3
	Actual Costs	Basis for 4% Credit	Basis for 9% Credit
<b>A. CONSTRUCTION COSTS</b> (from Statement of Probable Const. Costs)			
1. General Requirements (Div. 1)	\$ _____	\$ _____	\$ _____
2. Building Demolition \$ _____			
3. Selective Demolition _____			
4. Site Work _____			
5. Offsite Improvements _____			
6. Subtotal Site Work (Div. 2) _____			
7. Structure (Div. 3 to 16) _____			
8. <b>Subtotal</b> \$ _____	\$ _____	\$ _____	\$ _____
9. Builder's Overhead _____			
10. Builder's Profit _____			
11. Bond Premium _____			
12. Construction Contingency _____			
13. Other _____			
14. <b>Total</b> \$ _____	\$ _____	\$ _____	\$ _____
<b>B. FEES</b>			
1. Architect Fee-Design (_____% of \$ _____)			
2. Architect Fee-Admin (_____% of \$ _____)			
3. Legal _____			
4. Engineering _____			
5. Survey _____			
6. Soils/Structural Report _____			
7. Environmental Audit _____			
8. Property Appraisal _____			
9. Market Study _____			
10. Credit Report _____			
11. Cost Certification _____			
12. Other _____			
13. <b>Total</b> \$ _____	\$ _____	\$ _____	\$ _____
<b>C. MISC. DEVELOPMENT CHARGES</b>			
1. Multifamily Housing Application Fee _____			
2. Loan Program Closing Fee _____			
3. Tax Credit Reservation & Allocation Fees _____			
4. Furnishings (Common Area) _____			
5. Rent-up Expenses _____			
6. Relocation _____			
7. Utility Tap in, Hook-up & Municipal Fees _____			
8. Other _____			
9. <b>Total</b> \$ _____	\$ _____	\$ _____	\$ _____

	1	2	3
	Actual Costs	Basis for 4% Credit	Basis for 9% Credit
<b>D. CONSTRUCTION &amp; FINANCING CHARGES</b>			
1. Construction Loan Interest	\$ _____	\$ _____	\$ _____
2. Construction period _____ months	_____	_____	_____
3. Construction Loan Origination Fee	_____	_____	_____
4. Construction Loan Credit Enhancement	_____	_____	_____
5. Construction Loan Application Fee	_____	_____	_____
6. Taxes During Construction	_____	_____	_____
7. Insurance During Construction	_____	_____	_____
8. Title and Recording	_____	_____	_____
9. Other	_____	_____	_____
10. <b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>E. PERMANENT FINANCING</b>			
1. Permanent Loan Origination Fee	_____	_____	_____
2. Permanent Loan Credit Enhancement	_____	_____	_____
3. Cost of Issuance/Underwriters Discount	_____	_____	_____
4. Other	_____	_____	_____
5. <b>Total</b>	<b>\$ _____</b>	_____	_____
<b>F. LAND &amp; BUILDING PURCHASE</b>			
1. Acquisition of Land	_____	_____	_____
2. Acquisition of Existing Structures	_____	_____	_____
3. Acquisition Legal Fees	_____	_____	_____
4. Closing Costs	_____	_____	_____
5. Demolition of Existing Structures (not shown in Construction Costs)	_____	_____	_____
6. Other	_____	_____	_____
7. <b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	_____
<b>G. REPLACEMENT COST</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
(Total Sections 1-6)			
<b>H. DEVELOPMENT RESERVES</b>			
1. Operating Reserve	_____	_____	_____
2. Transformation Reserve	_____	_____	_____
3. Rental Subsidy Fund	_____	_____	_____
4. Development Contingency Fund (DCF)	_____	_____	_____
5. Real Estate Taxes (first year escrow)	_____	_____	_____
6. Insurance (first year escrow)	_____	_____	_____
7. Supportive Services Escrow	_____	_____	_____
8. Other	_____	_____	_____
9. <b>Total</b>	<b>\$ _____</b>	_____	_____
<b>I. DEVELOPER'S FEE &amp; OVERHEAD</b>			
1. Rehabilitation/New Construction	_____	_____	_____
2. Acquisition less Land	_____	_____	_____
3. <b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

	1 Actual Costs	2 Basis for 4% Credit	3 Basis for 9% Credit
<b>J. SYNDICATION FEES &amp; EXPENSES</b>			
1. Organizational	\$ _____		
2. Bridge Loan Interest During Construction	_____		\$ _____
3. Bridge Loan Interest After Construction	_____		
4. Bridge Loan Fees & Expenses	_____		
5. Legal Fees	_____		
6. Accountant's Fees	_____		
7. Other	_____		
8. <b>Total</b>	<b>\$ _____</b>		<b>\$ _____</b>
<b>K. OTHER</b>			
1. Tax Credit Compliance Monitoring Fee	_____		
2. Other	_____		
3. <b>Total</b>	<b>\$ _____</b>		
<b>L. TOTAL DEVELOPMENT COST</b> (Sections 7-11)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>M.</b> If credits will be issued on other than Eligible Basis, such as Maximum Basis, enter the number here.			\$ _____
1. Less portion of any grant or federal subsidy not to be included in basis		(\$ _____ )	(\$ _____ )
2. Less amount of non-qualified non-recourse financing		(\$ _____ )	(\$ _____ )
3. Less amount of costs for commercial space or for any areas that tenants will be charged to use		(\$ _____ )	(\$ _____ )
4. Less non-qualifying unit costs for higher quality items		(\$ _____ )	(\$ _____ )
5. Less historic tax credit (residential portion)		(\$ _____ )	(\$ _____ )
<b>N. ELIGIBLE BASIS</b>		\$ _____	\$ _____
<b>O. HIGH COST AREA</b> (if applicable)		_____ %	_____ %
<b>P. TOTAL ELIGIBLE BASIS</b>		\$ _____	\$ _____
<b>Q. APPLICABLE FRACTION</b>		_____ %	_____ %
<b>R. TOTAL QUALIFIED BASIS</b>		\$ _____	\$ _____
<b>S. APPLICABLE PERCENTAGE</b>		_____ %	_____ %
<b>T. TOTAL TAX CREDITS REQUESTED</b>		<b>\$ _____</b>	<b>\$ _____</b>

**I. ANNUAL OPERATING BUDGET**

	Annual Expense	Per Unit Expense
1 Gross Rental Income	\$ _____	\$ _____
2 Commercial Income	_____	_____
3 Other Rental Income	_____	_____
<b>4 Total Rental Income</b>	<b>\$ _____</b>	<b>_____</b>
5 Residential Vacancy (____%)	_____	_____
6 Commercial Vacancy (____%)	_____	_____
7 <b>Total Vacancy</b>	_____	_____
8 <b>NET RENTAL INCOME</b>	_____	_____
9 Service Income	_____	_____
10 Misc. Income	_____	_____
11 <b>EFFECTIVE GROSS INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
12 Advertising & Renting	_____	_____
13 Office & Telephone	_____	_____
14 Management Fee	_____	_____
15 Legal	_____	_____
16 Audit	_____	_____
17 Misc. Administrative	_____	_____
18 <b>TOTAL ADMINISTRATIVE</b>	<b>\$ _____</b>	<b>\$ _____</b>
19 Fuel Oil	_____	_____
20 Electricity	_____	_____
21 Water	_____	_____
22 Gas	_____	_____
23 Sewer	_____	_____
24 <b>TOTAL PROPERTY PAID UTILITIES</b>	<b>\$ _____</b>	<b>\$ _____</b>
25 Janitor/Maintenance Supplies	_____	_____
26 Operating/Maintenance Contracts	_____	_____
27 Rubbish Removal	_____	_____
28 Security Payroll/Contract	_____	_____
29 Repairs Material	_____	_____
30 Elevator Maintenance	_____	_____
31 HVAC Maintenance	_____	_____
32 Grounds Maintenance/Snow Removal	_____	_____
33 Painting & Decorating	_____	_____
34 Vehicle Operation & Repairs	_____	_____
35 Misc. Operating & Maintenance	_____	_____
36 <b>TOTAL OPER. &amp; MAINT. EXPENSE</b>	<b>\$ _____</b>	<b>\$ _____</b>

	<b>Annual Expense</b>	<b>Per Unit Expense</b>
37 Office Salaries	\$ _____	\$ _____
38 Manager Salaries	_____	_____
39 Employee Rent Free Unit	_____	_____
40 Janitor/Maintenance Salaries	_____	_____
41 Employer Payroll Tax	_____	_____
42 Worker's Compensation	_____	_____
43 Employee Benefits	_____	_____
44 <b>TOTAL PAYROLL EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>
45 Real Estate Taxes	_____	_____
46 Prop. & Liability Ins.	_____	_____
47 Misc. Taxes & Ins., Licenses/Permits	_____	_____
48 <b>TOTAL TAXES &amp; INSURANCE</b>	<b>\$ _____</b>	<b>\$ _____</b>
49 <b>TOTAL SUPPORTIVE SERVICES</b>	<b>\$ _____</b>	<b>\$ _____</b>
50 <b>TOTAL REPLACEMENT RESERVE</b>	<b>\$ _____</b>	<b>\$ _____</b>
51 <b>INVESTOR SERVICE FEE</b>	<b>\$ _____</b>	<b>\$ _____</b>
52 Other	_____	_____
53 Other	_____	_____
54 <b>TOTAL OPERATING DISBURSEMENTS</b>	<b>\$ _____</b>	<b>\$ _____</b>
55 <b>NET OPERATING INCOME (NOI)</b>	<b>\$ _____</b>	<b>\$ _____</b>
56 Primary Debt Service	_____	_____
57 Service Fee	_____	_____
58 Credit Enhance _____%	_____	_____
59 Other Service Fee _____%	_____	_____
60 <b>TOTAL PRIMARY DEBT SERVICE</b>	<b>\$ _____</b>	<b>\$ _____</b>
61 <b>INITIAL CASH FLOW</b>	<b>\$ _____</b>	<b>\$ _____</b>
62 <b>PRIMARY DEBT SERVICE COVERAGE</b> (Line 55/Line 60)	_____ %	_____ %
63 PennHOMES Debt Service	_____	_____
64 Other _____	_____	_____
65 Other _____	_____	_____
66 <b>TOTAL SECONDARY DEBT SERVICE</b>	<b>\$ _____</b>	<b>\$ _____</b>
67 <b>SECONDARY CASH FLOW</b>	<b>\$ _____</b>	<b>\$ _____</b>



**J. SOURCES OF FUNDS**

**1. Construction Financing, Bridge Loans, etc.**

	<u>Source of Funds</u>	<u>Amount</u>	<u>Rate &amp; Term of Loan</u>
a.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
b.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
c.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
d.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
e.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
f.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
g.	_____ (FIRM)	<b>\$</b> _____	_____
	_____ (CONTACT PERSON & PHONE)		
	<b>Total Construction Financing:</b>	<b>\$</b> _____	

**2. Permanent Financing**

	<u>Source of Funds (designate Grant or Loan)</u>	<u>Amount</u>	<u>Rate &amp; Term of Loan</u>	<u>Debt Service Pmt.</u>
a.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
b.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
c.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
d.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
e.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
f.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
g.	_____ (FIRM) _____ (CONTACT PERSON & PHONE)	\$ _____	_____	_____
<b>Total Permanent Financing:</b>		\$ _____		

**3. Credit Enhancement**

- a. Is the development receiving FHA mortgage insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 HUD Insurance Number \_\_\_\_\_
- b. Is the development receiving other credit enhancement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ PHFA  
 \_\_\_\_\_ Risk Sharing  
 \_\_\_\_\_ Other \_\_\_\_\_

**4. Federal Subsidies**

- a. Is any portion of the development financed or to be financed with federal subsidies?  Yes  No
- Tax-Exempt Bond Financing
- Rural Development Financing
- Community Development Block Grant (CDBG) Financing
- HOPE VI or Comprehensive Grant Financing
- Home Investment Partnerships (HOME) Financing
- Special Purpose Grant
- Other (specify) \_\_\_\_\_
- b. How is the subsidy to be used?
- |  |  |                      |
|--|--|----------------------|
| <input type="checkbox"/> Loan below AFR**  | <input type="checkbox"/> Loan at or above AFR  | Operating subsidy    |
| <input type="checkbox"/> Land Acquisition* | <input type="checkbox"/> Building Acquisition* | Grant (see 5. below) |
| <input type="checkbox"/> Other _____       |  |                      |
- c. Did this development receive federal assistance in any prior year?  Yes  No
- Date \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

\* Financing document(s) must specify the amount of the funds that are to be used for the acquisition of the property(s). A copy of the document(s) must be provided.

\*\* Applicable Federal Rate

**5. Grants**

- a. Is the source of any loan to the developer a federal, state, local or private grant?  Yes  No
- If yes, state source of grant and term of the loan(s):
- |          |              |
|----------|--------------|
| \$ _____ | Source _____ |
| \$ _____ | Source _____ |
| \$ _____ | Source _____ |
- b. Is (are) the building(s) the subject of federal, state, local, nonprofit or private grants which are not repayable?  Yes  No
- If Yes, amount of grant(s):
- |          |              |
|----------|--------------|
| \$ _____ | Source _____ |
| \$ _____ | Source _____ |
| \$ _____ | Source _____ |
- c. Is the grant to be used for the acquisition of an existing building?  Yes  No
- d. Is the grant to be used for the purchase of the land?  Yes  No
- If so, what portion? \$ \_\_\_\_\_

6. Are any additional loans, grants or financing sources being considered or applied for (for instance, FHLB Affordable Housing Program)?  Yes  No

If yes, state source of funds, type of program, expected date of application decision and amount of funds:

\$ \_\_\_\_\_ Source \_\_\_\_\_

Decision Date \_\_\_\_\_ Program \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

Decision Date \_\_\_\_\_ Program \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

Decision Date \_\_\_\_\_ Program \_\_\_\_\_

**K. DEVELOPER EQUITY**

Syndication Information (for all developments generating equity through syndication)

Type of Credit	Anticipated Credits	Investment Per Credit	Gross Investment
Low Income Housing			
Historic Rehab			
State Enterprise Zone			
Neighbor. Assist. Program			
TOTAL			

1. **Type of syndication offering:** \_\_\_\_\_ Public \_\_\_\_\_ Private  
 If public offering, identify firm.  
 If private offering, list investors (Attach added pages as necessary)

\_\_\_\_\_  
(FIRM)  
 \_\_\_\_\_  
(CONTACT PERSON)  
 \_\_\_\_\_  
(STREET)  
 \_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( ) \_\_\_\_\_  
 (PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

2. **Type of investors:** \_\_\_\_\_ Individuals \_\_\_\_\_ Corporation

3. **Syndicator**

\_\_\_\_\_  
(FIRM)  
 \_\_\_\_\_  
(CONTACT PERSON)  
 \_\_\_\_\_  
(STREET)  
 \_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( ) \_\_\_\_\_  
 (PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

4. **Is bridge loan financing required?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Bridge loan  
 Provider

\_\_\_\_\_  
(FIRM)  
 \_\_\_\_\_  
(CONTACT PERSON)  
 \_\_\_\_\_  
(STREET)  
 \_\_\_\_\_  
(CITY, STATE, AND ZIP)

( ) ( ) \_\_\_\_\_  
 (PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

**L. RECAP-SOURCES AND USES OF FUNDS**

**SOURCES OF FUNDS**

Primary Financing

Tax Exempt Bonds	\$
Taxable Bonds	\$
Rural Housing Service (RHS)	\$
Conventional	\$
Other	\$

PennHOMES

Secondary Financing

Community Development Block Grant (CDBG)	\$
State (Non-Agency)	\$
Federal HOME Investment Partnership Program (HOME) (Non-Agency)	\$
Local	\$
Federal Home Loan Bank (FHLB)	\$
Foundations	\$
Other	\$

Grants that will not be repaid

Community Development Block Grant (CDBG)	\$
State	\$
Federal HOME Investment Partnership Program (HOME) (Non-Agency)	\$
Local	\$
Federal Home Loan Bank (FHLB)	\$
Foundations	\$
Other	\$

Gross Syndication Proceeds

General Partner Contribution

Developer's Fee Reinvested

**TOTAL SOURCES**

**TOTAL DEVELOPMENT COST**

(From Page 22, Line 12)

Total sources must equal total development costs.

The Applicant hereby certifies that all representations and documentation provided by the Applicant and development team in connection with the development and this Application are, to the best of the Applicant's knowledge, information and belief, true, correct, and complete. The Applicant covenants to provide accurate and timely information to the Agency and to advise the Agency of any changes in this information, which may include, but is not limited to, a change to the financial sources or structure of financing, replacement of any member of the development team, alteration of the proposed rent and income structures, throughout the Application process.

In the event the Agency determines, in its sole discretion, that the Applicant or a member of the development team knowingly withheld, misrepresented or fabricated information or documentation submitted to the Agency, the Agency reserves the right to reject the Application.

The Applicant hereby certifies that it is in compliance with all applicable program requirements for each development financed or funded by the Agency in which it has a material ownership or participation interest. Additionally, no development in which Applicant has an interest as either a general partner or management agent has been reported to the Internal Revenue Service as being out of compliance and continues to be out of compliance with the requirements of the Tax Credit Program except as disclosed to the Agency on the written attachment hereto. (Please provide written description of any uncorrected non-compliance and describe steps taken to address.)

Furthermore, the Applicant represents that it will furnish promptly such other supporting information and documents as may be requested during Tax Credit and/or loan processing. The Applicant consents to any and all credit investigations that the Agency deems appropriate. In addition, the Applicant agrees that it will comply with all applicable federal, state and local laws, rules and regulations regarding unlawful discrimination, accessibility and fair housing, and will comply with all other applicable federal, state and local laws, guidelines, rules and regulations.

The Applicant agrees that in making decisions, it does not and has not relied on any statement or information supplied by the Agency, but will seek and rely exclusively on its own independent counsel and advisors. By execution of this Application, the Applicant understands and agrees that the Agency may conduct its own independent review and analysis of the information contained herein and in the attachments and exhibits hereto, that any such review and analysis will be made for the sole and exclusive benefit and protection of the Agency and the Agency may at any time seek information or assistance from and/or release any information to the Internal Revenue Service or other party.

The Applicant acknowledges and releases, discharges and holds the Agency harmless from any and all actions taken by it in relation to this Application and hereby acknowledges that all information submitted or gathered by the Agency in the review of the Application is the sole property of the Agency and may become public information.

*WITNESS:*

*BY:*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
APPLICANT/DEVELOPER (TYPE OR PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

**PUBLIC OFFICIAL EMPLOYEES DISCLOSURE STATEMENT**

**Project Name:** \_\_\_\_\_

**Municipality, County:** \_\_\_\_\_

1. Have you or any of the other persons among the entities involved in the project or members of your immediate family or business associates held positions as public officials or public employees within the last two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please identify the persons, their relationship to the development sponsors, the public employer, the title of the position held, and a short description of job responsibilities.

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2. Do you or any of the other persons or entities involved in the project or members of your immediate family or business associates presently hold positions as public officials or public employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", and not fully described above, describe as per question 1.

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3. Is the participation of any member of the development team prohibited by or in any way regulated by the terms of his or her regular employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", explain fully.

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4. Have you or any of the other persons involved in the project or members of their immediate family been employed by the Pennsylvania Housing Finance Agency in the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", identify the position held and the date of separation from the Agency.

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I verify that the foregoing information is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
APPLICANT/OWNER

\_\_\_\_\_  
DATED